(((H22000233532 3)))

below) on the top and bottom of all pages of the document.



H220002335323ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ress:	
•	ress:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OMARK 25 MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

	2
	<u></u>
=	70L
C ( )	ı
15/27 1733 -	œ
<del>- 1 - 1</del> - 1	
	PH
DATE TATE	ယ္
	40
**************************************	£

ייו וויי

Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX JUL 1 1 2022 Page: 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMARK 25 MANAGEMENT LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L21000309381	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
OLYMARK 25 MANAGEMENT LLC.		<u></u>
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

To:

Title	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			DAdd
			□Remove
			. □ Change
			□Add
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

D.

		<del></del>					<del></del>
		<u> </u>	<u></u>				
							_
<u> </u>							
		<del></del>	<del></del>				
	<del></del>					<del></del>	<del></del> · <del></del>
<del></del>					<u></u> <u>_</u>		
							<del>.</del>
Affective date, if fan effective date is Note: If the date is decument's effecti	listed, the date must eserted in this blo	be specific and car ck does not mee:	t the applicabl	date of filing or me e statutory filin	ore than 90 days a g requirements,	otional) fter filing.) Pursua this date will no	nt to 605.0207 t be listed as
record specifies a d is filed.	delayed effective	(late, but not an	effective time	e, at 12:01 a.m.	on the earlier of	(b) The 90th	day after the
	<del></del>		<del>///</del> /				
)ated		U (M)	1/L/U	//			